Company Tracking Number: AF-2007-24HOR

TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations

Product Name: N/A
Project Name/Number: /

Filing at a Glance

Company: MDOW Insurance Company

Product Name: N/A SERFF Tr Num: ARKS-125444659 State: Arkansas

TOI: 04.0 Homeowners SERFF Status: Closed State Tr Num: #1042 \$100 Sub-TOI: 04.0000 Homeowners Sub-TOI Co Tr Num: AF-2007-24HOR State Status: Fees verified and

Combinations received

Filing Type: Rate/Rule Co Status: Reviewer(s): Becky Harrington,

Betty Montesi, Brittany Yielding

Effective Date (Renewal):

Effective Date (New): 02/01/2008

Author: Disposition Date: 01/22/2008

Date Submitted: 01/22/2008 Disposition Status: Filed

Effective Date Requested (New): 02/01/2008

Effective Date Requested (Renewal):

State Filing Description:

Initial filing for HO-1 program

General Information

Project Name: Status of Filing in Domicile:
Project Number: Domicile Status Comments:

Reference Organization: AAIS Reference Number:
Reference Title: Advisory Org. Circular:

Filing Status Changed: 01/22/2008
State Status Changed: 01/22/2008
Deemer Date:

Filing Description:

Initial LC filing for HO-1 program

Corresponding Filing Tracking Number:

Company and Contact

Filing Contact Information

NA NA, NA@NA.com

 SERFF Tracking Number:
 ARKS-125444659
 State:
 Arkansas

 Filing Company:
 MDOW Insurance Company
 State Tracking Number:
 #1042 \$100

Company Tracking Number: AF-2007-24HOR

TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations

Product Name: N/A
Project Name/Number: /

NA (123) 555-4567 [Phone]

NA, AR 00000

Filing Company Information

MDOW Insurance Company CoCode: 12810 State of Domicile: Texas

2200 W Alabama St Group Code: Company Type:

Suite 210

Houston, TX 77098 Group Name: State ID Number:

(713) 528-6686 ext. [Phone] FEIN Number: 20-5465843

SERFF Tracking Number: ARKS-125444659 State: Arkansas State Tracking Number: #1042 \$100

Filing Company: MDOW Insurance Company

Company Tracking Number: AF-2007-24HOR

TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations

Product Name: N/A Project Name/Number:

Filing Fees

Fee Required? No Retaliatory? No

Fee Explanation:

Per Company: No

Company Tracking Number: AF-2007-24HOR

TOI: 04.0 Homeowners Sub-TOI Combinations

Product Name: N/A
Project Name/Number: /

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Becky Harrington	01/22/2008	01/22/2008

Company Tracking Number: AF-2007-24HOR

TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations

Product Name: N/A
Project Name/Number: /

Disposition

Disposition Date: 01/22/2008

Effective Date (New): 02/01/2008

Effective Date (Renewal):

Status: Filed Comment:

Rate data does NOT apply to filing.

Company Tracking Number: AF-2007-24HOR

TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations

Product Name: N/A
Project Name/Number: /

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Propert	y &Filed	Yes
5	Casualty		
Supporting Document	HPCS-Homeowners Premium		No
3	Comparison Survey		
Supporting Document	NAIC Loss Cost Filing Document for	Filed	Yes
- app	OTHER than Workers' Comp		
Supporting Document	ARKS-125444659	Approved	No

Company Tracking Number: AF-2007-24HOR

TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations

Product Name: N/A
Project Name/Number: /

Rate Information

Rate data does NOT apply to filing.

Company Tracking Number: AF-2007-24HOR

TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations

Product Name: N/A
Project Name/Number: /

Supporting Document Schedules

Unsatisfied -Name: Uniform Transmittal Document-

Property & Casualty

Comments:

Unsatisfied -Name: HPCS-Homeowners Premium

Comparison Survey

Comments:

Unsatisfied -Name: NAIC Loss Cost Filing Document

for OTHER than Workers' Comp

Comments:

Satisfied -Name: ARKS-125444659

Comments: Attachment:

ARKS-125444659.pdf

Review Status:

Filed 01/22/2008

01/22/2008

Review Status:

Review Status:

Filed 01/22/2008

Review Status:

Approved 01/23/2008

ARKS-125444659





CK 1043

713 528 6686 1-800-275-6768 FAX 713 528 7003

2200 W. ALABAMA STERMINE 210
HOUSTON, TEXAS 77098

OPERT MUNICIPATION OF THE PROPERTY OF THE PROP

January 11, 200 **SERVANGES INSUR**

Arkansas Department of Insurance 1200 West Third Street Little Rock, AR 72201-1904

RE: AF-2007-24HOR

RECEIVED

JAN 14 2008

CREPERTY AND CASUALTY DIVISION ARKANSAS INSURANCE DEPARTMENT

Dear Sir or Madam:

MDOW Insurance Company (MDOW) is submitting our initial adoption filing of the AAIS Homeowner's manual rules, rating information and loss costs. MDOW is affiliated with AAIS for this line of insurance.

With this filing, MDOW is adopting the AAIS Homeowner's rules and loss costs as currently approved. The attached exhibit identifies the filings being adopted.

MDOW proposes to implement this filing effective February 1, 2008.

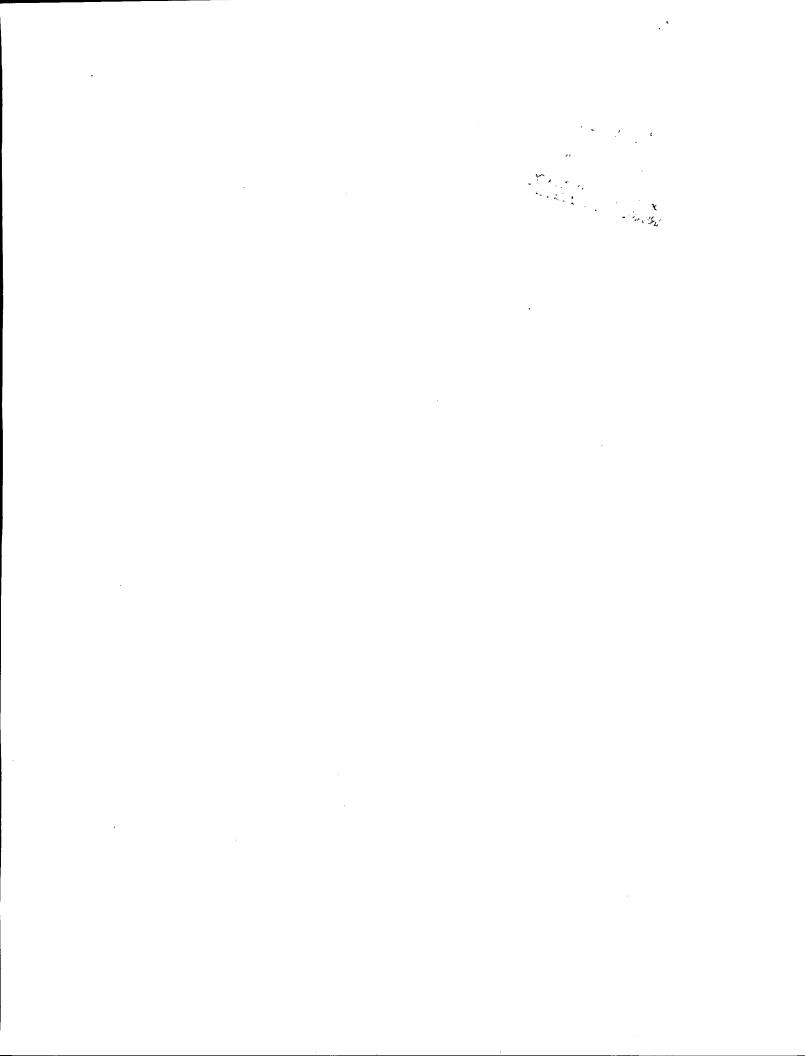
Should you have any questions concerning this filing, please do not hesitate to contact us.

Sincerely,

Tiffany Phoummarath Underwriting Manager tiffany@mdowinsurance.com

Property & Casualty Transmittal Document

1.	Reserved for Insurance I	Dept. 2.			artment Us	se only					
	Use Only a. Date th				received:						
		se Only JAN 1 4 2008 JAN 1 4 2008 G. Disposed. Date of the control of the cont									
	2009	<u>C.</u>	Dispos								
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	PROPERT INSURATION			Renewal	Business						
	ARKANO	f.	State F	iling #:					·		
		g.	SERFF	Filing #:							
		h.	Subject	t Codes							
		_									
3.	Group Name								Group NAIC #		
									0000		
4.	Company Name(s)			•	Domicile	NAIC #	FEIN :	#	State #		
	MDOW Insurance Company				TX	12810	20-54	65843			
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							21				
								IAAL .			
							٠,	JAN 14	2008		
}						no.	2000				
						ADI	SAFELA	AND CASE	ALTY DIVISION		
						/AFX	NANSAS	INSURANC	DEPARTMENT	_	
5.	Company Tracking Numbe	r	AF-20	07-24HC)R						
Canta	of Info of Filor(s) or Corners	to Officer(s)	مبياهمنا	la tall fra	[מס מ מייים						
Conta	ct Info of Filer(s) or Corpora Name and address	te Omicer(s) Title	Įinciud		hone #s	FAX	4		e-mail		
0.	Tiffany Phoummarath	litte		reiep	none #S	FAX	#	,	e-maii		
	P O Box 540307	Operatio	ne					tiffany@	columbialloyds.	_	
	Houston, TX 77254	Manage		1713-5	28-6686	713-528	-7003	l unarry we	om	٦	
	Tiodotori, 177 77201	manage	, <u> </u>	10	20 0000	1 10 020	1000				
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7	Ciamatura of authorized file			'\ <i>Y</i>	M/M	$M \cap M$	$\mathcal{N}(\mathbf{k})$	1/1 1/1	1 .		
7.	Signature of authorized file				1 00 1		100	UCI V			
8.	Please print name of author	orizea tiler		Liffany	Phoummar	ath			• •		
Filing	Information (see General Ins	tructions for o	descript	tions of t	hese fields)						
9.	Type of Insurance (TOI)				-						
10.	Sub-Type of Insurance (Su										
11.											
40	applicable) [See State Specific Requirements]										
12.				Homeowners Program Rate/Loss Cost Rules Rates/Rules							
13.	Filing Type			=		_					
				For	ms ndrawal				Rules/Forms		
				L VV IU	ıurawal		uiei (gi	ve descript	1011 <i>)</i>		
14.	1										
	Effective Date(s) Peguesto	<u>d</u>		New			Ron	ewal.			
	Effective Date(s) Requeste	d		New:	2/1/08		Ren	ewal:	******		
15.	Reference Filing?				2/1/08	tion of Insur		***************************************			
15. 16.	Reference Filing? Reference Organization (if	applicable)			2/1/08 No an Associa	tion of Insur		***************************************			
15. 16. 17.	Reference Filing? Reference Organization (if Reference Organization # &	applicable)			2/1/08 No an Associa 007-2	tion of Insur		***************************************			
15. 16.	Reference Filing? Reference Organization (if	applicable)			2/1/08 No an Associa 007-2	tion of Insur	ance S	***************************************	Disapprove	d	



Property & Casualty Transmittal Document

20. This filing transmittal is part of Company Tracking # AF-2007-24HOR

21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

Re: AF-2007-24HOR

MDOW Insurance Company

NAIC #: 12810, FEIN: 20-5465843

Homeowners Program

Initial Adoption of AAIS Program and Loss Cost Multiplier

Dear Sir or Madam:

MDOW Insurance Company (MDOW) is submitting their initial adoption filing of the AAIS Homeowners manual rules, rating information and loss costs. MDOW is affiliated with AAIS for this line of insurance.

With this filing, MDOW is adopting the AAIS Homeowners rules and loss costs as currently approved. The attached exhibit identifies the filings being adopted.

MDOW proposes to implement this filing effective February 1, 2008.

Should you have any questions concerning this filing, please do not hesitate to contact us.

Sincerely,

Tiffany Phoummarath Operations Manager tiffany@columbialloyds.com

22. Filing Fees (Filer must provide check # and fee amount if applicable.)

[If a state requires you to show how you calculated your filing fees, place that calculation below]

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

***Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

PROPERTY & CASUALTY RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmit	AF-2007-24HOR							
2.	This filing correspond			AF-2007-24HOF					
	☐ Rate Increa	Decrease	Rate Neutral (0%)						
3.									
4a.		Ra	te Change	by Compai	ny (As Propose	d)			
	Company Name	Overall % Indicated Change (when Applicable)	Overall % Rate Impact	Written Premium Change for this program	# of policyholders affected for this program	Written premium for this program	Maximum %Change (where required)	Minimum %Change (where required)	
· · · · · ·	IDOW Insurance Company	0.0	0	0	0	0	0	0	
46	The state of the s	BARRALAN	- h. o 1	/ A = A =				3 1 0 100 00	
4b.					cepted) For Sta				
	Company Name	Overall % Indicated Change (when Applicable)	Overall % Rate Impact	Written Premium Change for this program	# of policyholders affected for this program	Written premium for this program	Maximum %Change (where required)	Minimum %Change (where required)	
						·····			
	5. Ove	rall Rate Inforr	nation (Co	mplete for I	Multiple Compa	ny Filings	only)		
					COMPAN	YUSE	STATE	USE	
5a.	Overall percentage								
5b.	Overall percentage								
5c.	Effect of Rate Filing program	•							
5d.	Effect of Rate Filing	- Number of p	olicyhold	ers affected					
6.	Overall nevertees	of loot rate rev	dalan		N/A - this is initial filing				
7.	Overall percentage Effective Date of last								
	Filing Method of La		N/A - this is initial filing						
8.	(Prior Approval, File		Band, etc.)			N/A - this is	initial filing		
9.	Rule # or Page # Su for Review	bmitted	Replace or with		·	Previous filing nur if require			
01			☐ New ☐ Repla	acement drawn					
02				acement drawn					
03				acement drawn					

FORM RF2- Reference filing abstract NAIC LOSS COST FILING DOCUMENT—OTHER THAN WORKERS' COMPENSATION

CALCULATION OF COMPANY LOSS COST MULTIPLIER

This filing	transmittal is part of Comp	AF-2007-24HOR				
This filing	corresponds to form filing	number	AF-2007-24HOF			
	acking number of form filing, if	700				
⊠ Los:	s Cost Reference Filing	AAIS-2007-2 (AR-PC-07-022827); AAIS-2007-21R (AR-PC-07-023154) AAIS-2006-15HO (AR-PC-06-019024)	Independent Rate Filing			
	(Advissor One & Def	AAIS-2002-13				
	(Advisory Org, & Refe	rence ming #)				
		an advisory organization's loss costs,				
		ourchaser of the named advisory organ				
		l to have independently submitted as it The insurer's rates will be the combinat				
		d, the expense constants specified in th		ше		
	•					
1. Che	eck <u>one</u> of the following	ng:				
		s cost multipliers and, if utilized, expense constant				
prospectiv	on s prospective loss costs for the loss costs and the insurer's	or this line of insurance. The insurer's rates will be sloss cost multipliers and if utilized, expense cons	e the combination of the advisory organization's tants specified in the attachments. The rates will	apply		
to policies	written on or after the effect	tive date of the advisory organization's prospective	e loss costs. This authorization is effective until			
	ed by the Commissioner, or a lines of business.	until amended or withdrawn by the insurer. Note:	Some states have statutes that prohibit this	option		
		s cost multipliers and, if utilized, expense constant	s be applicable only to the above Advisory			
Organizati	ion Reference Filing.					
2. Line,	Subline, Coverage, Territo	ory, Class, etc. combination to which this page a	pplies: Homeowners Program			
3. Loss	cost modification:					
Α.	The insurer hereby file	es to adopt the prospective loss costs in the caption	ned reference filing (Check One):			
X	Without Modification		,			
		odification(s). (Cite the nature and percent modifi	cation, and attach			
	supporting data and/or	r rationale for the modification.)				
В.	Loss Cost Modification	on Expressed as a Factor: (See Examples Below)	1.000			
Exampl		odification Factor: If your company's loss cost mo	dification is -10%, a factor of .90 (1.000100)			
Exampl	should be us le 2: Loss cost M	sed. Iodification Factor: If your company's loss cost mo	diffication is =15%, a factor of 1.15 (1.000 + .15)	0)		
	should be us					
		S ARE UTILIZED ATTACH "EXPENSE (O NOT COMPLETE ITEMS 4-8 BELOW		CR		
Develon	ment of Expected Loss Rat	io. (Attach exhibit detailing insurer expense da	ta and/or other supporting information.			
			Selected Provisions			
	Total Production Expens	ee	22.3 %			
	General Expense Faxes, Licenses & Fee		19.1 % 3.4 %			
		ontingencies (explain how investment income				
a	account)					
·	Other (explain) Fotal		49.9 %			
F.	I VIAI		1 47.7 70	<u>'</u>		
. A. B	Expected Loss Ratio: EI	LR = 100% - 4F = A	50.1 %			
B. I	ELR in Decimal Form =		0.501			
	Company Formula Loss		1.994			
	Company Selected Loss		1.994			
		any differences between 6 and 7) ne coverage(s) to which this page applies	New program			
1	Nate Level Change for th	ie coverage(s) to which this page applies	I trew program			

INS01783

FORM RF-1 Rate Filing Abstract NAIC LOSS COST DATA ENTRY DOCUMENT

This filing transmittal is part of Company Tracking # If filing is an adoption of an advisory organization loss cost filing, give name of Advisory Organization and Reference/ Item Filing Number
--

_	,
Company NAIC Number	12810
	8
Company Name	MDOW Insurance Company
	¥
	က်

	l		
		Product Coding Matrix Line of Insurance (i.e., Sub-type of Insurance)	
			ю.
		Product Coding Matrix Line of Business (i.e., Type of Insurance)	
_		Ц,	
			A.

	Œ	Co. Current	Loss Cost Multiplier	n/a				n/a
				n/a				n/a
NLY	(9)	Expense	Constant (If Applicable)	и				u The Art
FOR LOSS COSTS ONLY	(F)	Selected	Loss Cost Multiplier	1.994				1,994
	(E)	Loss Cost	Modification Factor	1.000				1.000
	(D)	100 de	Expected Loss Ratio	0.501				0.501
	(၁)	Requested	% Rate Level Change	n/a				n/a
	(B)	Indicated	% Rate Level Change	e/u				n/a
(4)	3	COVERAGE	(See Instructions)	AAIS Homeowners Program (New	Program)			TOTAL OVERALL

5 Year History

6

Rate Change History

7

N/A Countrywide Loss Ratio N/A State Loss Ratio N/A Incurred Losses (000) State Earned Premium (000) N/A Effective Date N/A N/A % of Change N/A Policy Count Year N/A

Expense Constants	Selected Provisions
A. Total Production Expense	22.3
B. General Expense	19.1
C. Taxes, License & Fees	3.4
D. Underwriting Profit	
& Contingencies	5.0
E. Other (explain)	
F. TOTAL	49.9

. 9. 10.

Apply Lost Cost Factors to Future filings? (Y or N)
Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable):
Estimated Maximum Rate Decrease for any Insured (%). Territory (if applicable): N/A A/A

N/A - INITIAL PROGRAM ADOPTION FILING - NO DATA TO REPORT

MDOW Insurance Company

Loss Cost Multiplier Calculation

Arkansas

Homeowners Program

Expense Description	Projected Totals	Percentage	Selected Percentage
1. Direct Premiums Written	350	100.0%	100.0%
2. Direct Commission & Brokerage Incurred	70	20.0%	20.0%
3. Other Acquisition Costs	8	2.3%	2.3%
4. General Expenses Incurred	67	19.1%	19.1%
5. Taxes, Licenses, and Fees	12	3.4%	3.4%

, ·	
6. Profit & Contingency Provision	5.0%

7. Total Expenses [(2)+(3)+(4)+(5)+(6)]	49.9%
8. Permissible Loss and LAE Ratio [100% - (7)]	50.1%
9. Loss Cost Modification	1.000
10. Formula Loss Cost Multiplier [(9) / (8)]	1.994

Dollar amounts are in thousands -- (000) omitted!

^{*} Company was founded in 2007

Becky Harrington

From:

Tiffany Phoummarath [Tiffany@columbialloyds.com]

Sent:

Tuesday, January 22, 2008 12:07 PM

To:

Becky Harrington

Subject:

RE: AF-2007-24HOR and AF-2007-24DPR

We are only writing the HO-1 AND DP-1.

Tiffany Phoummarath
Underwriting Manager
Columbia Lloyds Insurance Company
2200 West Alabama, Suite 210
Houston, TX 77098
713.528.6686 (ph)
713.528.7003 (fax)
tiffany@columbialloyds.com

----Original Message----

From: Becky Harrington [mailto:Becky.Harrington@arkansas.gov]

Sent: Tuesday, January 22, 2008 12:06 PM

To: Tiffany Phoummarath

Subject: AF-2007-24HOR and AF-2007-24DPR

Tiffany,

An HPCS is required with homeowner and dwelling rate/loss cost filings if you are writing an HO-3 or DP-2 policy form. The list of forms submitted with the form filings has all of the policy forms on it. I was not sure if you will only be writing HO-1 and DP-1 or not. Please complete the HPCS attached and return to me via e-mail if applicable. If not, please confirm.

Thanks,
Becky Harrington
Sr. Certified Analyst
Property & Casualty Division
(501) 371-2804
(501) 371-2748 fax

E-mail: becky.harrington@arkansas.gov